

ART CITY NURSING AND REHABILITATION CE PROVIDER #: 465130 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 321 EAST 800 SOUTH PHONE NUMBER: (801) 489-9461 TOTAL: 55
 SPRINGVILLE UT 84663 PARTICIPATION DATE: 09/11/1992 CERTIFIED: 55 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/29/2004	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 55			
-----	-----	18	18/19	19	ICF/MR
TOTAL: 39	ADMISSION SUSPENDED:	--	----	--	-----
MEDICARE: 4	SUSPENSION RESCINDED:		55		
MEDICAID: 27					
OTHER: 8					

CURRENT SURVEY REVISIT DATES - 09/07/2004

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
08/2001		07/2002		06/2003		07/29/2004			
		X	D	X	D				REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	D				REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
				X	E				REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	B						REQ F0241-DIGNITY
				X	D				REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
		X	E						REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	H						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X P	C	09/04/2004	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
						X P	C	09/04/2004	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	D			X P	C	09/04/2004	REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
X	D	X	E						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	B				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
		X	H						REQ F0454-FACILITY DESIGNED TO PROTECT HEALTH/SAFETY
		X	E						REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST
		X	E			X C	D	09/04/2004	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
X	D	X	D						REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
		X	H						REQ F0520-FACILITY MAINTAINS QA COMMITTEE
									REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
08/2001	07/2002	06/2003	07/26/2004		
		X			K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
		X	X C	08/27/2004	K0029-HAZARDOUS AREAS - SEPARATION
	X	X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM
	X		X C	08/27/2004	K0062-SPRINKLER SYSTEM MAINTENANCE
		X			K0073-FLAMMABLE FURNISHINGS
	X				K0076-MEDICAL GAS SYSTEM
X	X	X			K0104-PENETRATIONS OF SMOKE BARRIERS
X	X				K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	4	5	11	2
HEALTH TOTAL	4	5	11	2
LIFE SAFETY CODE	3	5	5	2
LIFE SAFETY CODE + HEALTH	7	10	16	4

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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05/20/2002	SUBSTANTIATED
07/03/2002	UNSUBSTANTIATED
05/12/2004	UNSUBSTANTIATED
09/15/2004	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY